UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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SEC USE ONLY						
Prefix		Serial				
DAT	'F RFCFI	VED				

Name of Offering (check if this is an amendment and name has changed, and indic	eate change.)					
Interests in Western Asset US Intermediate Plus, L.L.C.						
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐	Section 4(6) ULOE					
Type of Filing: New Filing Amendment						
A. BASIC IDENTIF	TICATION DATA					
Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment and name has changed, and indicate	e change.)					
Western Asset US Intermediate Plus, L.L.C.						
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including	III III III III III III III III				
c/o Western Asset Management Company	(626) 844-9400	/// // // // // // // // // // // // //				
385 E. Colorado Boutevard, Pasadena, CA 91101						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	09005					
(if different from Executive Offices)	Telephone Number (includi.	os035930 ·····				
Brief Description of Business						
Private Investment Fund.						
Type of Business Organization		<u></u>				
corporation						
	er (please specify): limited liability company					
□ business trust □ limited partnership, to be formed						
Month Year						
Actual or Estimated Date of Incorporation or Organization: 0 7 0 6] ⊠ Actual ☐ Estimated					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service at	obreviation for State:					
CN for Canada; FN for other	foreign jurisdiction) DE					

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A. BASIC II	DENTIFICATION DAT	`A	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-			
 Enter the information requested for the following: X Each promoter of the issuer, if the issuer has been organized within the past five years; X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and X Each general and managing partner of partnership issuers. 							
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	Managing Member			
Full Name (Last name first, if individual)							
Western Asset Management Company	16: . 6: . 6: . 7:	C.13					
Business or Residence Address (Number at 385 East Colorado Blvd., Pasadena, CA		Code)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address (Number and	nd Street, City, State, Zip	Code)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)				3 3			
							
Business or Residence Address (Number at	nd Street, City, State, Zip	o Code)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address (Number and	nd Street, City, State, Zip	Code)					
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
		<u> </u>					
Business or Residence Address (Number a	nd Street, City, State, Zip	Code)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)			_				
Business or Residence Address (Number and	nd Street, City, State, Zip	Code)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)							
Business or Residence Address (Number and	nd Street, City, State, Zip	Code)					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)				— Same and Assert Strategies and Assert			
Business or Residence Address (Number at	nd Street, City, State, Zip	Code)					
Cl. In () d				Committee Man Man B			
Check Box(es) that Apply: Promoter Full Name (Last name first, if individual)	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
run ivame (Last name first, if individual)							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code)

					B. INFO	RMATIO	N ABOU	T OFFER	RING					
1. Has th	e issuer sol	d, or does t	he issuer in	tend to sell,	to non-acc	redited inv	estors in thi	s offering?					Yes	No ⊠
				Į.	Answer also	in Append	lix, Column	2, if filing	under ULO)Ε.				
. What is t	he minimur	m investme	nt that will	be accepted	from any i	ndividual?.	******			.,,			\$ N/A	
									Yes	No				
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remun persor	eration for a	solicitation f a broker o	of purchase r dealer reg	n person who ers in conne distered with ed persons c	ction with the the SEC a	sales of sec nd/or with:	urities in that state or sta	e offering. ates, list the	If a person name of the	to be listed e broker or	l is an assoc dealer. If i	iated nore than	1	
Full Name (L N/A	ast name fi	rst, if indiv	idual)					_						
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)								
Name of Ass	ociated Bro	ker or Deal	er				<u> </u>		,					
States in Whi	ich Person I	Listed Has	Solicited or	Intends to !	Solicit Pure	hasers			,					
(Check	"All States'	" or check i	ndividual S	tates)							All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	(AZ) (IA) (NV) (SD)	(AR) (KS) (NH) (TN)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	(CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI) [OH] (WV)	[GA] {MN} [OK] [WI]	[HI] {MS] {OR} [WY]	[ID] [MO] [PA] [PR]		
Full Name (L														
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)					_			
Name of Ass	ociated Bro	ker or Deal	er											
States in Whi	ich Person l	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers					<u>_</u>			
(Check "All S	States" or cl	heck individ	dual States)								All States			
[AL] [IL] [MT] [RI] Full Name (L	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	(AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [Wl]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
					o	7 1 3								
Business or F		,		treet, City,	State, Zip C	Jode)			,					
Name of Ass	ociated Bro	ker or Deal	er	-										
States in Whi	ich Person l	Listed Has !	Solicited or	Intends to S	Solicit Purc	hasers								
(Check "All S	States" or cl	heck individ	dual States)		***************************************			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			All States			
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity	\$	\$
	☐ Common ☐ Preferred		·
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	S	\$
	Other (Specify) Interests	\$ 460,273,611.21	\$ 460,273,611.21
	Total	\$ 460,273,611.21	\$ 460,273,611.21
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors.	6	\$ 460,273,611.21
	Non-accredited Investors.		
	Total (for filings under Rule 504 only)	<u>, , , , , , , , , , , , , , , , , , </u>	
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	٠	
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	Security	S
	Regulation A		S
	Rule 504		s
	Total		S
А	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this		
7.	offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ 15,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		S
	Other Expenses (identify)		S
	Total	\boxtimes	\$ 15,000

	C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEEDS		
4.	b. Enter the difference between the aggregate off expenses furnished in response to Part C - Questicissuer."	ering price given in response to Part C - Question 1 and to on 4.a. This difference is the "adjusted gross proceeds to	otal the	\$ 460,258,611.21	
5.	the purposes shown. If the amount for any purpose	roceeds to the issuer used or proposed to be used for each se is not known, furnish an estimate and check the box to ed must equal the adjusted gross proceeds to the issuer se	the		
			Payments to Officers, Directors, & Affiliates	Payments To Others	
	Salaries and fees		S	□s	
	Purchase of real estate		S	□s	
	Purchase, rental or leasing and installation of mac	hinery and equipment	\$	□ s	
	Construction or leasing of plant buildings and fac	ilities	S	□s	
	Acquisition of other businesses (including the val offering that may be used in exchange for the assepursuant to a merger)	□ \$	□ \$		
	Repayment of indebtedness		S	□s	
	Working capital		\$		
	Other (specify): Investments in securities and e	xpenses necessary, convenient, or incidental thereto.	□ s	⊠ \$ 460,258,611.21	
	Column Totals		s	☒ \$ 460,258,611.21	
	Total Payments Listed (column totals added)	⊠ \$ 46	0,258,611.21		
		D. FEDERAL SIGNATURE			
n u		te undersigned duly authorized person. If this notice is fil titles and Exchange Commission, upon written request of Rule 502.			
	uer (Print or Type) estern Asset US Intermediate Plus, L.L.C.	Signapure & Horse	Date March 9, 2009		
	Name of Signer (Print or Type) James G. Hayes Tile of Signer (Print or Type) Icad of International Portfolio Operations, Western Asset Management Company				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

